

How Does the UMP Classic Medical Deductible Work With the SmartHealth Wellness Incentive?

The subscriber is the only family member eligible to earn the SmartHealth wellness incentive. The 2015 incentive reduces the subscriber's medical deductible by \$125. This deductible reduction applies **only** to the subscriber and is not transferable to any other family member. Below is a description of how the UMP Classic medical deductible works when the subscriber has earned the \$125 SmartHealth wellness incentive for 2015.

What Is the UMP Classic Medical Deductible?

The UMP Classic medical deductible is \$250 per person, with a maximum of \$750 for a family of three or more. What you pay for covered services counts toward your medical deductible, with the exception of the expenses listed below.

What doesn't count toward the medical deductible?

- ◆ Services not covered by the plan.
- ◆ Services exempt from the medical deductible, even if you paid out-of-pocket costs. For example, if you see an out-of-network provider for preventive services, you pay 40% of the allowed amount and the provider may balance bill you (see description in right column).
- ◆ Services exceeding benefit limits or maximums. For example:
 - Adult vision hardware maximum is \$150; you pay any amount over that and it does not count toward your medical deductible.
 - Maximum number of visits for acupuncture is 16 per year. Any visits over that number are not covered by the plan and do not count toward your medical deductible.
- ◆ Balance billed amounts (see "Definitions" on other side).
- ◆ Inpatient and emergency room copayments.
- ◆ Prescription drug costs (see separate prescription drug deductible).

You don't pay the medical deductible for services covered as preventive. See the *UMP Classic 2015 Certificate of Coverage* for details.

For additional details regarding any of the above, see the *UMP Classic 2015 Certificate of Coverage* or the UMP website at www.hca.wa.gov/ump.

ALERT! UMP Classic also has a \$100 per person (\$300 family maximum) prescription drug deductible, which the \$125 wellness incentive does not affect. See the *UMP Classic 2015 Certificate of Coverage* or the UMP website at www.hca.wa.gov/ump for more information.

How Does the Medical Deductible Work When the Subscriber Earned the \$125 Deductible Reduction?

See "Definitions" on the other side for explanations of some terms used.

Subscriber only account

Medical deductible is \$125 instead of \$250; everything else (what counts, what doesn't, etc.) remains the same.

Subscriber and one spouse/dependent under one account

The subscriber's medical deductible is reduced to \$125; the spouse/dependent's medical deductible remains \$250. The subscriber must pay \$125 in covered expenses before the plan pays for benefits; the spouse/dependent must meet \$250 in counted expenses. Each member must meet the medical deductible separately.

Three family members under one account

The subscriber must meet a \$125 medical deductible; the other two family members must each meet a \$250 medical deductible. Once one member has reached the individual medical deductible, the plan will pay for covered benefits for that member only. When the plan

starts paying benefits for one member, the other two members must each satisfy their own \$250 medical deductible. The maximum family medical deductible is \$625.

Example

Mary (the subscriber) covers her spouse, Bob, and their child, Susan. Mary qualified for the \$125 wellness incentive that will reduce her medical deductible to \$125 in 2015. Mary meets her medical deductible in April (\$125) due to knee surgery. After that, she is no longer contributing to the family's \$625 medical deductible.

If Susan meets her medical deductible (\$250) in July, the plan begins paying for her expenses. At that time, she is no longer contributing to the "family" medical deductible.

If Bob does not meet his medical deductible (\$250), the plan pays only those benefits he receives that are exempt from the medical deductible. Each person must meet his or her individual medical deductible.*

Four or more members under one account

Normally, the maximum medical deductible for a family is \$750. If the subscriber has earned the \$125 wellness incentive, the maximum family medical deductible is \$625.

The subscriber must meet a \$125 medical deductible, and the rest of the family must pay \$500 in medical costs to meet the deductible.

Examples

John and Christine have three children, Barry, Steve, and Carrie. John is the subscriber; his medical deductible is \$125. Christine and the children must meet \$500 in medical deductible costs among the four of them.

If any one member meets his or her medical deductible, the plan begins paying covered expenses for that person only. However, that person is no longer contributing to the family medical deductible, regardless of that person's out-of-pocket costs.*

**Exception: If out-of-pocket expenses reach the medical out-of-pocket limit, the plan begins paying for all family members, even if the "family" medical deductible was not met. See the right column for details.*

It is also possible for the family medical deductible to be met without any one member meeting their individual deductible. An example:

Family member	Individual medical deductible	Counted expenses
John (subscriber)	\$125	\$75
Christine (spouse)	\$250	\$150
Barry	\$250	\$225
Steve	\$250	\$100
Carrie	\$250	\$75
Total expenses counted toward the family medical deductible		\$625

In the table above, even though no individual met his or her medical deductible, the plan begins paying services for the whole family.

Definitions

Balance billing is when a provider bills you for the difference between the provider's charge and the plan's allowed amount. This amount does not count toward your medical deductible or medical out-of-pocket limit.

A **dependent** is a spouse, state-registered domestic partner, child, or other eligible family member covered by the plan under the subscriber's account. For more about eligible dependents, see the *UMP Classic 2015 Certificate of Coverage*.

The **medical out-of-pocket limit** is the most you pay during a calendar year before the plan pays 100% of the allowed amount for services by preferred providers. For employees and retirees not enrolled in Medicare, the medical out-of-pocket limit is \$2,000 per person, with a family maximum of \$4,000. This limit doesn't include your premium, balance-billed charges, or services the plan doesn't cover; see the *UMP Classic 2015 Certificate of Coverage* for details of how this works.

A **subscriber** is the individual who has been designated eligible for PEBB benefits as an employee, retiree, COBRA beneficiary, Leave Without Pay employee, or survivor.

Questions?

If you have any questions about the UMP medical deductible, call UMP Customer Service at 1-888-849-3681, or visit us at www.hca.wa.gov/ump.